## **CUSTOMER ORDER FORM Dedicated Internet Access**

NORTH AMERICA - US - Cogent Communications, Inc. 2450 N Street, NW

Washington, DC 20037



## **Customer and Order Information**

## **Devine Independent School District**

Customer Description	Corporate / Retail
Order Date	08-Mar-2018
Customer Requested Service Date*	01-Jul-2018

<sup>\*</sup> This date is the earliest Service Date requested by Customer, Billing starts on the Service Date, installation of the Service is subject to the SLA and Product Rider While COGENT may install the Service on the Requested Service Date, COGENT does not guarantee that the Service will be installed on that date.

Resell Customer (Name)	No
Agent Deal (Name)	No
Legacy Orders Termination*	No

## Service Information

Quoted Currency	USD	US Dollar	
			-

#### Service Parameters

Order ID	Order Type	Legacy Order(s)	Node ID	Service Interface	CDR (Mbps)	Initial Term	On/Off-Net	Billing Model	Burst Fee (per Mbps)	Installation Fee	Monthly Fee
1-300224117	New		20778-1	GE	1000	3 Years	Off-Net	Flat	0.000	0.00	3100.00

Service Options	Note: IP Addresses Allocation, BGP, VLAN and LAG option orders always have an initial Term of one (1) month.
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IP Addresses Allocation Note IPQ (and IARM Rider for Provider	Yes	Order ID	Order Type	Legacy Order(s)	Block Size -	Total IPs	IP Version	Installation Fee	Monthly Fee
Independent resources) needs to be submitted w/ Order Form		1-300226870	New		/27		IPv4		50.00
BGP Routing Note LOA(s) Issued by owners of Secondary ASN(s) need(s) to be submitted with Order	No	Order ID	Order Type	Legacy Order(s)	ASN Owner	ASN	IP Version		
Form							1000		0.00
VLAN(s) w/ static routing  Note: LOA(s) Issued by owners of Secondary  IP(s) need(s) to be submitted with Order	No	Order ID	Order Type	Legacy Order(s)	Comm	ents	Port Order		
IP(s) need(s) to be submitted with Order Form.	,,,,								0.00
Link Aggregation (LAG) (As described in Product Rider)	No	Order ID	Order Type	Legacy Services involved in LAG-bundle					
(As described in Product Rider)	110			3 E 3				0.00	De participant
Expedite Delivery	No			As described	in Product Rider			0.00	
Billing Options (As described in Product Rider)	No	Billing I	Billing Method Master Service Other Involved Services			NATION EST			
Cabling No.		Order ID	Order ID Prod		luct Comments Port Order		Port Order		ALC: NO
(As described in Product Rider)	No							0.00	0.00
Equipment		Order ID	Proc	duct	Comm	ents	Port Order		A 100
Equipment (As described in Product Rider)	No						May- La College	0.00	0.00

Total Fees		Installation Fee	Monthly Fee
Total Fees including Options		0.00	3150.00
"If Customer has elected to be billed in a currency other than the currency used for the Quoted Price, the Quoted Price will be converted into the Billing Currency selected above on the date this Order is validated by COGENT. In performing the currency conversion on such date. COGENT	Billing Currency**	USD	US Dollar

Customer Initials: \_

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<sup>\*</sup> For all Legacy Orders listed in the SERVICE INFORMATION section below, CUSTOMER elects 1 of 3 options:

1) Immediate Termination,

2) Delayed Termination (up to 30 days),

3) No Termination – Month-LeMonth (more than 30-day overlap), i.e., legacy orders will renew for successive Renewal Terms of one (1) month until terminated by Customer

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## **Customer Service Delivery Information**

Tenant/Datacenter Name	Devine Independent School District
Node ID	20778-1
Service Address	1225 W Hondo Ave
Suite / Floor	
City, State, Province	Devine, TX
Postal Code	78016
Country	USA

<sup>\*</sup> Service delivery always takes place at Cogent Demarcation Point as defined in the attached Product Rider

Delivery Contact Name	Scott Pesato
Telephone	(830) 851-0700
Celiphone	
Fax	
Email	scott.pesato@devineisd.org

### **Cogent Contact Information**

Sales Office	Location	Houston Sales Office II - HOU3
	Address	HQ: 2450 N Street, NW Washington, DC 20037
	Phone	1-877-9COGENT
	Fax	202-338-8798
Service Provisioning		sd@cogentco.com
Customer Care		support@cogentco.com

# **Customer Contracting & Billing Information**

Company Name	Devine Independent School District		
Billing Address	605 W Hondo Ave		
Suite / Floor			
City, State, Province	Devine, TX		
Postal Code	78016		
Country	USA		
Company Registr, Nr.			
Tax / VAT ID Number			
Request for consolidated billing the same country)*	(one account / invoice for multiple ports in	No	

\* Consolidated billing requests must be reviewed and approved by Coge Billing Contact Name Elaine Hoog (830) 851-0707 Telephone Cellphone Fax

elaine.hoog@devineisd.org

Sales	Name	Aaron Lovelace		
Account Phone		281-657-0028		
Manager	Email	alovelace@cogentco.com		
Sales	- In	sales@cogentco.com		
Billing		billing@cogentco.com		
Termination	1	terms@cogenico.com		

## Contract Documents

The entire Customer Subscriber Agreement (CSA), entered into between Customer and COGENT, is made up of the documents listed here. Capitalized terms are defined in the text of the Terms or Definition section of the Terms. All prior agreements, proposals, representations, statements, or understandings, whether written or oral, concerning such Services, are superseded. Customer certifies that the documents constituting the CSA are the documents and forms that have been supplied to Customer by Cogent and that Customer has made no changes to them.

Email

(1) Order Form
(2) Terms, as attached (initialed by Customer) (For current customers, if Terms are not attached, the current Terms remain in force)
(3) SLA (http://www.cogent.co.com/files/ps\_internet/SLA\_on\_internet.pdf)
(4) Product Rider(s), as attached (signed by Customer)
(5) Any other Rider or Addendum, as attached (signed by Customer)

#### Notes

"Notwithstanding Section 1.2 of the Terms, at the end of the Initial Term, the Service ordered hereunder will renew on the same price, terms and conditions for successive month-to-month Renewal Terms unless and until terminated or amended as provided in the CSA."

#### **SIGNATURES**

By signing below. Customer affirms and acknowledges that it has read the entire CSA and agrees to be bound by the provisions thereof

For Customer Signature

**Printed Name** 

Title Date

<b>For Cogent</b>	Communications.	Inc.

Signature

Printed Name

Title

Date